

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

August 12, 2004

CERTIFIED MAIL, R.R.R. 7099 3400 0009 4998 7110

Kristi J. Bell, H.C.  
839 Baldwin St.  
Waterbury, CT 06706

Petition No.: 2004-0712-020-018

Dear Ms. Bell:

The Department of Public Health, Division of Health Systems Regulation has been investigating the above-cited petition involving your practice as an hairdresser/cosmetician in the State of Connecticut. Pursuant to Paragraph 7 of the terms and conditions of your Reinstatement Consent Order (Petition Number 2002-0725-000-052), the Department retains the authority to immediately rescind your hairdresser/cosmetician license. The Department hereby exercises this authority, for violations of the Prelicensure Consent Order terms.

The following are identified as the basis for the Department's decision:

During 2002-2003:

You failed to have monthly random observed urine screens performed, and failed to have monthly lab reports of said screens submitted to the Department.

During 2002-2004:

You failed to attend "anonymous" or support group meetings on an average of eight times per month, and to provide monthly reports to the Department.

During 2002-2004:

You failed to have employer/supervisor reports submitted to the Department.

If you wish to contest this decision, please provide the Department with a written request for a meeting by August 20, 2004, by submitting such written request to:

Stanley K. Peck, Director, Legal Office  
State of Connecticut Department of Public Health  
410 Capitol Ave., M.S. #12 LEG  
P.O. Box 340308  
Hartford, CT 06134-0308

(860) 509-7600

Phone:

Telephone Device for the Deaf: (860) ~~509~~ 7191

410 Capitol Avenue - MS # \_\_\_\_\_

P.O. Box 340308 Hartford, CT 06134

Affirmative Action / An Equal Opportunity Employer

CCLTR



5/98 21-1

August 12, 2004

page 2 of 2

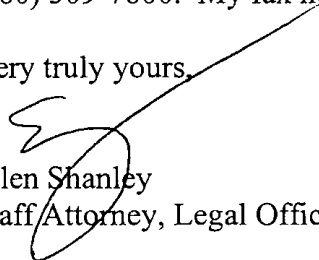
You may also submit your written request via facsimile, via (860) 509-7650.

Upon receipt of such written request, you will be offered an opportunity to demonstrate compliance in these areas. In the absence of such a request, the Department's decision to rescind your license shall become effective August 23, 2004.

Additionally, upon receiving a written request, the Department will provide you with the records, papers and documents upon which it relies.

If you so desire, you may be accompanied by an attorney at the meeting. I can be reached at (860) 509-7600. My fax number is (860) 509-7650.

Very truly yours,



Ellen Shanley  
Staff Attorney, Legal Office

cc: First class mail, postage pre-paid;  
Jennifer Filippone, Public Health Services Manager, Office of Practitioner Licensing  
and Certification;  
Stanley K. Peck, Director, Legal Office